

Application for Admission

Undergraduate Programs

Personal Information

Last Name _____ First Name _____ Social Security # _____

Middle Initial _____ Informal Name _____ Former/Maiden Name _____ E-mail Address _____

Perm./Int'l. Address State/Country where you vote

Local Address while attending Avila *(if different from voting address)*

Street Address _____

Street Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

MO County _____ Home Phone (____) _____

MO County _____ Home Phone (____) _____

Work Phone (____) _____ Cell Phone (____) _____

Work Phone (____) _____ Cell Phone (____) _____

Place of Employment _____ Telephone (____) _____

Mailing Address _____ Suite # _____

City _____ State _____ Zip _____ Fax # (____) _____

The following questions are for tracking purposes only and will not affect your application.

- Gender Male Female
- Date of Birth (Month – Day – Year) _____ – _____ – _____
- Ethnic Background International (Nonresident Alien) U.S. – Asian/Pacific Islander
 U.S. – Black, non-Hispanic U.S. – Hispanic
 U.S. – American Indian/Alaska Native U.S. – White, non-Hispanic
- Religious Affiliation Catholic Non-Catholic (please specify) _____ None
- Marital Status Single Married Head of Household Widowed
- VA Status Veteran Dependant of Veteran Seeking Benefits? Yes No
- International Student Yes No *(If you marked Yes, please complete the International Student section on the reverse side.)*
- How did you hear about Avila? Avila student/alum Family/friend Avila web site Other Internet site
 Radio ad TV ad Other (specify) _____

International Students – please read the Avila University catalog and Web site for specific requirements.

Educational Plans

Term you wish to enter Avila Fall Spring Summer Year _____

Do you plan to enroll Full-time Part-time (Full-time undergraduate students carry from 12–18 credit hours each semester.)

Do you intend to apply for financial aid? Yes No

Will you receive tuition reimbursement? Yes No What amount / %? _____

Major **Business Administration** **Healthcare Services** **Entrepreneurial Leadership**
 Psychology **Human Resources** **Corporate Communication**

Educational Preparation

College Information

Please list all colleges and universities previously attended, listing the most recent first.

Full Name of College/University	City, State	Dates Attended	Hours Earned/Degrees Awarded
_____	_____	_____	_____
_____	_____	_____	_____

All applicants must have official transcripts sent directly to Avila University from all schools and universities attended. (see reverse side)

Secondary School Information

Name of High School _____

Location _____

Dates Attended _____

Graduation Date _____

Additional Information

How did you hear about our program? _____

Work Experience

Applicants must document at least three (3) years of full-time work experience, beginning with the most recent employment. Include full and part-time experience.

1. Company Name _____
Address _____
City State Zip
Dates of Employment _____
Position _____

2. Company Name _____
Address _____
City State Zip
Dates of Employment _____
Position _____

3. Company Name _____
Address _____
City State Zip
Dates of Employment _____
Position _____

International Students

Is English your native language? Yes No

(If No, you must submit the results from the Test of English as a Foreign Language (TOEFL) before your application can be reviewed.)

Have you taken the TOEFL? Yes – Score _____ No – Anticipated test date _____

Citizen of _____

Please choose only one F1 Visa (Provide a copy of your I-20)
 Other Visa Type _____ (Provide a copy of your Visa/card)
 Permanent Resident _____ (Provide a copy of your Permanent Resident card)

Avila University requires that verification of available funding be officially documented from current year.

Please forward one or both of the following

1. A bank statement (certification of deposit)
2. A letter from the sponsoring individual(s) attesting to financial support for education.

Checklist

- Completed application for admission.
- All official transcripts have been requested. (All applicants must have official transcripts sent directly to Avila University.)
- Completed an information session with Avila Advantage.

I hereby certify that all information given in this application is complete and accurate to the best of my knowledge. I understand that intentional omission or falsification of requested information can lead to disqualification or dismissal.

Applicant's Signature _____ Date _____